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APPLICANTS

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** CONTINUING DATA *****

*None
SAB 9.20.4*

** FOREIGN APPLICATIONS *****

None

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** SMALL ENTITY **
** 09/21/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 31	TOTAL CLAIMS 64	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verified and Acknowledged
SAB 9.20.4
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TITLE
 Laser alignment device providing multiple references

FILING FEE RECEIVED 1125	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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